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GENERAL HEADQUARTERS
UNITED STATES ARMY FORCES, PACIFIC
OFFICE OF THE CHIEF SURGEON

CIRCULAR LETTER NO. 30

AP0 500
27 July 1945

Section
Fever of Undetermined Origin..... I
Conservation of X-Ray Film.....II

I. FEVER OF UNDETERMINED ORIGIN: 1. The large number of diagnoses of fever of undetermined origin appearing in statistical health reports indicates a need for clarification. The list of diagnostic terms acceptable to the Surgeon General, as set forth in the revision of AR 40-1025, par 78, does not include "fever of undetermined origin". Generally speaking, its use is indicative of unsound medical practice. There is little uniformity of opinion, even among medical officers, as to just what the use of the term implies. The Surgeon General does not wish to sanction such a diagnostic pigeonhole into which may be thrust cases which medical officers are unable to label properly because of lack of sufficient time for study or inadequate laboratory facilities.

2. The disadvantages of having FUO appear on a medical record as the final diagnosis are obvious. The term may be interpreted as meaning that fever was still present when the patient was discharged. Its use complicates the adjustment of compensation claims and may contribute to poor psychological adjustment by the patient to his illness because his diagnosis suggests that he was mysteriously ill with a disease his medical officer could not name. These are some of the pertinent objections.

3. Recent survey of a group of cases diagnosed FUO in hospitals of this theater yielded significant data. A fraction over 2% of the cases remained undiagnosed at the time of discharge yet many had been recorded "FUO" in Part IX, line 78 of WD MD Form 86ab reports. Certain diagnoses of FUO result from failure to follow instructions in the preparation of WD MD Form 86ab; paragraphs 29 and 34, AR 40-1080 and Circular Letter No. 21, par 14, Hq. USAFFE, Office of the Theater Surgeon, dated 6 June 1945, subject: "Current Statistical Health Report" apply. Mistakes will be avoided if the following instructions are heeded.

a. When a patient whose principal or only manifestation of disease is fever is admitted to quarters, a non-hospital medical installation (collecting company or dispensary) or a hospital he will be recorded as an admission, direct or

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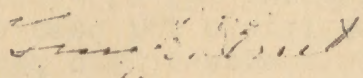
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by transfer. If no definite diagnosis is made and the subject patient is transferred he will be recorded on the F.M.R. or EMT "For diagnosis" and no entry will be made in Part IX of WD MD Form No. 86ab.

b. An entry will be made in Part IX, Communicable Diseases, only when a definite diagnosis has been established and the patient is discharged to duty or evacuated.

c. Unless extraordinary circumstances prevent, patients will be transferred to a hospital when their temperatures remain elevated to 100°F or above for a period of 36 hours. Should a febrile patient without other signs or symptoms be admitted to a non-hospital installation and subsequently be discharged to duty entirely recovered, the discharge diagnosis will be "Ill-defined condition manifested by fever and absence of localizing signs or symptoms from which complete recovery occurred". In the event there were fever and abdominal pain the diagnosis should indicate that abdominal pain was present in addition to fever. Under no circumstances should a patient with fever, even of minimal degree, be sent to duty. In the event that appropriate study in a hospital fails to reveal the cause of a sustained fever, the patient will be evacuated to the United States and the following diagnosis will be made: "Ill-defined condition manifested by absence of localizing signs and a persistent fever".

II. CONSERVATION OF X-RAY FILM: 1. Attention is directed to War Department Circular No. 140, 12 May 1945, which points out that a serious shortage of X-ray films exists. X-ray examinations will not be made routinely where other methods of examination will suffice unless required by Army Regulations. When evacuated, all patients on which X-ray examinations have been made will be accompanied by films. Strict observance of this will render repeated X-ray examinations unnecessary. It is desired that every possible effort consistent with the maintenance of high professional standards be made to conserve these items.


GUY B. DENIT
Brigadier General, U.S.A.
Chief Surgeon

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